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Bib Data Sheet

CONFIRMATION NO. 2665

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|---|
| SERIAL NUMBER 10/005,966 | FILING DATE 11/08/2001 RULE | CLASS 360 | GROUP ART UNIT 2651 | ATTORNEY DOCKET NO. 056066-2025 |
|------------------------------------|---|---------------------|-------------------------------|---|

APPLICANTS
Friedhelm Steinhilber, Rottweil, GERMANY;

**** CONTINUING DATA *******
THIS APPLN CLAIMS BENEFIT OF 60/247,205 11/09/2000
AND CLAIMS BENEFIT OF 60/247,204 11/09/2000
AND CLAIMS BENEFIT OF 60/247,153 11/09/2000

**** FOREIGN APPLICATIONS *******
GERMANY 100 55 625.6 11/09/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 01/14/2002

| | | | | | |
|---|--|------------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY GERMANY | SHEETS DRAWING 2 | TOTAL CLAIMS 12 | INDEPENDENT CLAIMS 3 |
|---|--|------------------------------------|----------------------------|---------------------------|--------------------------------|

Verified and Acknowledged
Examiner's Signature: [Signature] Initials: [Initials]

ADDRESS
Bernard L. Kleinke
Foley & Lardner
23rd Floor
402 West Broadway
San Diego, CA 92101-3542

TITLE
Automatic library for data storage tape cartridges

| | | |
|-----------------------------------|---|---|
| FILING FEE RECEIVED 435 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-----------------------------------|---|---|